



# LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Horticulture Commission, P.O. Box 91081, Baton Rouge, LA 70821-9081, (225) 952-8100, FAX (225) 925-3760



## 2010 CUT FLOWER DEALER PERMIT APPLICATION

Please fill in all information in the blocks below.

MAKE YOUR NUMBERS & LETTERS EXACTLY LIKE THESE EXAMPLES. USE CAPITAL LETTERS ONLY.

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

BUSINESS NAME																															
MAILING ADDRESS																															
CITY																STATE			ZIP CODE												
PHYSICAL ADDRESS																															
CITY																STATE			ZIP CODE												
CONTACT NAME	Mr.	Ms.	Mrs.					PARISH																							
FIRST																					BUS. PHONE										
MIDDLE																					FEDERAL TAX ID										
LAST																					LA STATE TAX ID										
SUFFIX																					SOCIAL SEC #										

LOCATIONS		TOTAL	
NUMBER OF LOCATIONS	<input type="text"/>	x	\$70.00 = \$
For permit <b>RENEWALS</b> , \$25.00 late fee after Feb. 19, 2010		TOTAL FEES	\$
			\$

In order to apply for a cut flower dealer permit, the applicant must be involved in the business of selling cut flowers.

### INSTRUCTIONS:

- **YOU MUST RETURN THIS ORIGINAL FORM. PHOTOCOPIES CANNOT BE ACCEPTED.**
- If you need additional forms, contact Horticulture Commission at (225) 952-8100 or horticulture@ldaf.state.la.us.
- Add new locations in the blocks provided.
- Fill in the total number of locations. Add late fee if needed.
- **If Permit # begins with anything other than 09, then add late fee.** Calculate total fee.
- Do not staple payment to your application. Checks or Money Orders are the only method of payment accepted.
- **DO NOT MAIL CASH.** Make payment to: **LOUISIANA HORTICULTURE COMMISSION** Mail to:  
P.O. Box 91081, Baton Rouge, LA 70821-9081.

I (we) hereby agree to abide by the Louisiana Horticulture Laws, Rules and Regulations.

SIGNATURE \_\_\_\_\_ DATE

56080



AES-56-08 (r.10/06)

CUT FLOWER PERMIT

0120 1605 02 1206

OFFICE USE	
Transmittal #	
Check #	
Date	
Amt. \$	.00

## NEW LOCATION INFORMATION



LOCATION NAME																																	
PHYSICAL ADDRESS																																	
CITY																					STATE			ZIP CODE									
PARISH																															STORE NO.		
LOCATION PHONE											LA STATE SALES TAX #																						

1

LOCATION NAME																																	
PHYSICAL ADDRESS																																	
CITY																					STATE			ZIP CODE									
PARISH																															STORE NO.		
LOCATION PHONE											LA STATE SALES TAX #																						

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LOCATION NAME																																	
PHYSICAL ADDRESS																																	
CITY																					STATE			ZIP CODE									
PARISH																															STORE NO.		
LOCATION PHONE											LA STATE SALES TAX #																						

3

LOCATION NAME																																	
PHYSICAL ADDRESS																																	
CITY																					STATE			ZIP CODE									
PARISH																															STORE NO.		
LOCATION PHONE											LA STATE SALES TAX #																						

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LOCATION NAME																																	
PHYSICAL ADDRESS																																	
CITY																					STATE			ZIP CODE									
PARISH																															STORE NO.		
LOCATION PHONE											LA STATE SALES TAX #																						

5

LOCATION NAME																																	
PHYSICAL ADDRESS																																	
CITY																					STATE			ZIP CODE									
PARISH																															STORE NO.		
LOCATION PHONE											LA STATE SALES TAX #																						

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